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indicated unless correcte maintenance fee notificat	d below or directed oth	ierwise in Block I, by (a	a) specifying a new corres	pondence address;	and/or (b) indicating a ser	parate "FEE ADDRESS" for
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40834 /390 09/06/2006				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facismile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
WILLOUGHBY	, OH 44094-7836		tran	smitted to the USP	TO (571) 273-2885, on the	
						(Depositor's name)
			 			(Signature)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/937,945	10/02/2001		Andreas Fuchs		WLL-12659	8707
TITLE OF INVENTION	: DRIVE SYSTEM OPE	ERATED BY MUSCLE-F				
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTAL FEE(S) DU	E DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	12/06/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS]		
MATHEW, FENN C		3764	482-092000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the doeument has been filed f recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) SWISSMOVE AG ZURICH, SWITZERLAND						
Please check the appropri	iate assignee category or	categories (will not be p	rinted on the patent):	Individual 🚨 C	orporation or other private g	roup entity Government
4a. The following fee(s) are submitted: Signature 1			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit eard. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 18-0160 (enclose an extra copy of this form).			
5. Change in Entity Star a. Applicant claim	tus (from status indicate s SMALL ENTITY state		_		LL ENTITY status. See 37	
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Authorized Signature /jab/				Date November 22, 2006		
Typed or printed nameJames A. Balazs				Registration l	No. 47,401	
					the public which is to file (a minutes to complete, include omments on the amount of 1 Trademark Office, U.S. Do S. SEND TO: Commissione displays a valid OMB contr	and by the USPTO to process ling gathering, preparing, and time you require to complete partment of Commerce, P.O. er for Patents, P.O. Box 1450 ol number.